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Bib Data Sheet

CONFIRMATION NO. 1888

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY<br>DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 09/766,048    | 01/19/2001<br>RULE       | 348   | 2622           | 41601/PBH/B600         |

**APPLICANTS**  
 Frank Carr, Dove Canyon, CA;  
 Pieter Vorenkamp, Aliso Viejo, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/439,102 11/12/1999 PAT 6,377,315 which claims benefit of 60/108,459 11/12/1998  
 and claims benefit of 60/108,209 11/12/1998  
 and claims benefit of 60/108,210 11/12/1998  
 and claims benefit of 60/117,609 01/28/1999  
 and claims benefit of 60/136,115 05/26/1999  
 and claims benefit of 60/136,116 05/26/1999  
 and claims benefit of 60/136,654 05/27/1999  
 and claims benefit of 60/159,726 10/15/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 04/10/2001

|                                                             |                                                                                                                                                                                         |                           |                         |                      |                            |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>50 | TOTAL<br>CLAIMS<br>3 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____ Initials _____                                                                                                                                               |                           |                         |                      |                            |

**ADDRESS**  
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**TITLE**  
 System and method for providing a low power receiver design

|                               |                                                                                                                   |                                                                |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE<br>RECEIVED<br>992 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                               |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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|                               |                                                                                                                   | <input type="checkbox"/> Other _____                           |
|                               |                                                                                                                   | <input type="checkbox"/> Credit                                |